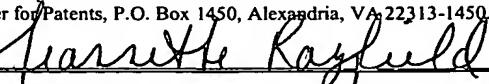


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10/19/2003  
10/19/2003  
10/19/2003  
10/19/2003

16/11 <b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(For new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. <b>FA1094 US NA</b> First Named Inventor or Application Identifier <b>Frank-Dieter Zimmermann</b>
<b>EXPRESS MAIL CERTIFICATE</b> "EXPRESS MAIL" MAILING LABEL NUMBER <b>ER 430765697 US</b>		DATE OF DEPOSIT: <b>November 21, 2003</b>
I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		
NAME OF PERSON MAILING PAPER OR FEE (TYPE OR PRINT) <b>Jeannette Y. Rayfield</b>		SIGNATURE SIGN 

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		9. <input checked="" type="checkbox"/> The Title of the Invention: <b>Process For The Application Of Powder Coatings</b>																
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. <b>04-1928</b> . <input checked="" type="checkbox"/> General Authorization to charge any and all fees under 37 CFR 1.16 or 1.17, including petitions for extensions of time, relating to this application. (37 CFR 1.136(a)(3)) <i>(Submit an original, and a duplicate for fee processing)</i>		10. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies d. <input type="checkbox"/> Use the identical computer-readable form filed in Application No. _____, filed _____ as the computer-readable form for the instant application. (37 CFR 1.821(e))																
2. <input type="checkbox"/> A Check in the Amount of \$ _____ is enclosed <input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required and credit any overpayment to Deposit Account <b>04-1928</b> .		11. <input type="checkbox"/> ACCOMPANYING APPLICATION PARTS a. <input type="checkbox"/> Information Disclosure Statement (IDS) b. <input checked="" type="checkbox"/> Form PTO-1449 c. <input checked="" type="checkbox"/> Copies of all IDS Citations																
3. <input checked="" type="checkbox"/> The total fee is calculated as shown below: <table><tr><td>Basic Filing fee</td><td>\$ 770.00</td></tr><tr><td>Total Claims 12 - 20 = 0 x \$18</td><td>\$ 0.00</td></tr><tr><td>Independent Claims 2 - 3 = 0 x \$86</td><td>\$ 0.00</td></tr><tr><td><input type="checkbox"/> Multiple Dependent Claim present</td><td>\$ 0.00</td></tr><tr><td><b>TOTAL FILING FEE</b></td><td><b>\$ 770.00</b></td></tr><tr><td><input type="checkbox"/> Reduction by 50% for filing by Small Entity</td><td>\$ _____</td></tr><tr><td colspan="2"><input type="checkbox"/> Cancel in this application original claims _____ to _____ of the prior application before calculating the filing fee.</td></tr><tr><td colspan="2">Charge \$ _____ to the above indicated Deposit Account.</td></tr></table>		Basic Filing fee	\$ 770.00	Total Claims 12 - 20 = 0 x \$18	\$ 0.00	Independent Claims 2 - 3 = 0 x \$86	\$ 0.00	<input type="checkbox"/> Multiple Dependent Claim present	\$ 0.00	<b>TOTAL FILING FEE</b>	<b>\$ 770.00</b>	<input type="checkbox"/> Reduction by 50% for filing by Small Entity	\$ _____	<input type="checkbox"/> Cancel in this application original claims _____ to _____ of the prior application before calculating the filing fee.		Charge \$ _____ to the above indicated Deposit Account.		12. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))  13. <input type="checkbox"/> Prior Application is Assigned to: <b>E.I. du Pont de Nemours and Company</b> <i>(for continuation/divisional with Box 20a completed)</i>
Basic Filing fee	\$ 770.00																	
Total Claims 12 - 20 = 0 x \$18	\$ 0.00																	
Independent Claims 2 - 3 = 0 x \$86	\$ 0.00																	
<input type="checkbox"/> Multiple Dependent Claim present	\$ 0.00																	
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<input type="checkbox"/> Cancel in this application original claims _____ to _____ of the prior application before calculating the filing fee.																		
Charge \$ _____ to the above indicated Deposit Account.																		
4. <input checked="" type="checkbox"/> Specification excluding Drawings <b>[Total Pages] 11</b>		14. <input type="checkbox"/> Preliminary Amendment																
5. <input type="checkbox"/> Drawing(s) (35 USC 113) <b>[Total Sheets]</b>		15. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>																
6. <input checked="" type="checkbox"/> Declaration and Power of Attorney <b>[Total Pages] 4</b> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 19a completed)</i> c. <input checked="" type="checkbox"/> Unsigned Declaration <i>[Note Box 6 below]</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		16. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>																
7. <input checked="" type="checkbox"/> Application Data Sheet 37 CFR 1.76		17. <input type="checkbox"/> Transfer all references cited by Applicants or by the Examiner from the parent Application Serial No. filed. A PTO-1449 listing the references is enclosed.																
8. <input type="checkbox"/> Incorporation By Reference <i>(useable if Box 6b is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 6b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		18. <input type="checkbox"/> Applicant Claims Small Entity Status																
9. <input type="checkbox"/> Other :		19. <input type="checkbox"/> Other :																

20. Priority Information, check appropriate box and supply the requisite information			
a	The accompanying application is a	<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional
		Of prior application No: filed .	
		Examiner: Group/Art: _____	

21. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> Customer Number: <b>23906</b> <i>Address</i> <b>E.I. du Pont de Nemours and Company</b>		22. RESPECTFULLY SUBMITTED,  <i>Hilmar L. Fricke</i> Signature Name <b>Hilmar L. Fricke</b> Date <b>November 21, 2003</b> Registration No. <b>22,384</b>	
Telephone	(302) 984-6058	Fax	(302) 658-1192

23. The Power of Attorney in the Prior Application includes: \_\_\_\_\_

Recognize as Associate Attorney: \_\_\_\_\_ Attorney \_\_\_\_\_ Registration No.  
and address future correspondence to same as indicated in Box 21.

The invention was made by an agency of the U. S. Government or under a contract with an agency of the U. S. Government.

No.

Yes, the name of the U.S. Government agency and the Government contract number are: \_\_\_\_\_.

*(preferred arrangement of specification set forth below)*

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (*if filed*)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

112103  
16711 U.S.PTO

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

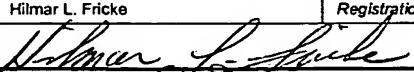
 Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 770.00)

Complete if Known	
Application Number	Unknown
Filing Date	November 21, 2003
First Named Inventor	Frank-Dieter Zimmermann et al.
Examiner Name	Unknown
Group / Art Unit	Unknown
Attorney Docket No.	FA1094 US NA

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)																																																																																																																																																								
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: <div style="border: 1px solid black; padding: 5px; display: inline-block;">Deposit Account Number <b>04-1928</b></div> <div style="border: 1px solid black; padding: 5px; display: inline-block;">Deposit Account Name <b>E. I. du Pont de Nemours and Company</b></div>					<b>3. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>Fee Code</td><td>Fee Code</td><td>Fee (\$)</td><td>Fee (\$)</td></tr> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td></tr> <tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td></tr> <tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td>320</td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td></tr> <tr><td>1809</td><td>770</td><td>2809</td><td>385</td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td>385</td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td>385</td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td></tr> <tr><td colspan="5">Other fee (specify) _____</td></tr> </tbody> </table>					Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code	Fee Code	Fee (\$)	Fee (\$)	1051	130	2051	65	1052	50	2052	25	1053	130	1053	130	1812	2,520	1812	2,520	1804	920*	1804	920*	1805	1,840*	1805	1,840*	1251	110	2251	55	1252	420	2252	210	1253	950	2253	475	1254	1,480	2254	740	1255	2,010	2255	1,005	1401	330	2401	165	1402	330	2402	165	1403	290	2403	145	1451	1,510	1451	1,510	1452	110	2452	55	1453	1,330	2453	665	1501	1,330	2501	665	1502	480	2502	240	1503	640	2503	320	1460	130	1460	130	1807	50	1807	50	1806	180	1806	180	8021	40	8021	40	1809	770	2809	385	1810	770	2810	385	1801	770	2801	385	1802	900	1802	900	Other fee (specify) _____																											
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1809	770	Filing a submission after final rejection (37 CFR § 1.129(a))																																																																																																																																																											
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<b>2. EXTRA CLAIM FEES</b> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>-20**</th> <th>=</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>12</td><td>-20**</td><td>=</td><td>0</td><td>X 18</td><td>= 0</td></tr> <tr><td>Independent Claims</td><td>2</td><td>-3**</td><td>= 0</td><td>X 86</td><td>= 0</td></tr> <tr><td>Multiple Dependent</td><td>□</td><td></td><td>X 290</td><td>= 0</td><td></td></tr> <tr><td colspan="6">SUBTOTAL (2) (\$ 0.00)</td></tr> </tbody> </table>					Total Claims	-20**	=	Extra Claims	Fee from below	Fee Paid	12	-20**	=	0	X 18	= 0	Independent Claims	2	-3**	= 0	X 86	= 0	Multiple Dependent	□		X 290	= 0		SUBTOTAL (2) (\$ 0.00)						<b>Fee Description</b> <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>86</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>290</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>86</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="4">SUBTOTAL (2) (\$ 0.00)</td></tr> </tbody> </table>					Fee Code	Fee (\$)	Fee Description	Fee Paid	1202	18	Claims in excess of 20		1201	86	Independent claims in excess of 3		1203	290	Multiple dependent claim, if not paid		1204	86	** Reissue independent claims over original patent		1205	18	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2) (\$ 0.00)																																																																																													
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## SUBMITTED BY

Name (Print/Type)	Hilmar L. Fricke	Registration No. Attorney/Agent	22,384	Telephone	(302) 984-6058
Signature				Date	November 21, 2003

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### PROCESS FOR THE APPLICATION OF POWDER COATINGS

Application No.: Unknown

Filing Date: November 21, 2003

First Named Inventor: Frank-Dieter Zimmermann

Group Art Unit: Unknown

Examiner: Unknown

Attorney Docket: FA1094 US NA

Fee Transmittal

Application Data Sheet

Application – 11 pages

Form PTO-1449 with references

Declaration/Power of Attorney (not executed)

Authorization to charge Deposit Account 04-1928

Receipt Cards